MULTIPLE DE NDENT CLAIM								SERIAL NO.					FILING DATE		
FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								APPLICANT(S)							
		(FOR US	EWITH	FORM P	10-875)		CLAIMS			_///	176	da	2		
	AS FILED AFTER				AFTER				AS FILED		AFTER		AFTER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	4		IND.	DEP.	I"AMEI IND.	NDMENT		NDMENT	
1	1	DEI.	IIID.	DEI.	IND.	DEI.		51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
3	 ' -	1/2						52							
4	1	2						5 <u>3</u> 54							
5								5							
7	1 1							6 <u>6</u>							
8		11					5	8							
9 10	 	2					5	9		-					
11							6	1							
12	+ ,	-					6								
14	<u> </u>						6	4							
15 16							6								
17		1					6	7							
18 19	 ,	2					6								
20		1					70	0							
21		2					7								
23	 	×					7.								
24							74								
25 26	<u> </u>						7:								
27							7								
28 29	ļ						78				-				
30							80								
31 32			-+				81 82			-	-				
33							83								
34 35							84			┈╬					
36							86								
37 38							87 88								
39							89								
40_							90								
42							92	\Box							
43				 }-			93 94	_							
45							95								
46							96								
47 48							98								
49							99 100	_							
50 TOTAL IND.	4	1		1		1	TOTAL			#		#		#	
TOTAL DEP	15	4 F		<u>.</u> t		-	TOTAL	_		4	-	+		-	
TOTAL CLAIMS	7/1		ž.				TOTA	ı	Į.						
	GEV. UAO							1_			TENT of COA demark Office			•	
PTO - 1364	(ALC 4. 1504)														